



SECURITIES AND BUSINESS REGULATION

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<http://www.sos.state.ga.us/securities/>

Karen C. Handel
Secretary of State

Robert D. Terry
Division Director

Application for Registration Immigration Assistance Provider

☐ Initial Registration

☐ Amendment

Reinstatement

INSTRUCTIONS: THIS APPLICATION MUST BE COMPLETED AND FILED **BEFORE** PROVIDING IMMIGRATION ASSISTANCE ANSWER ALL QUESTIONS COMPLETELY, ATTACHING ADDITIONAL PAGES IF MORE SPACE IS NEEDED. CHECKS SHOULD BE MADE PAYABLE TO THE SECRETARY OF STATE. AMENDMENTS TO THIS REGISTRATION SHOULD BE FILED PROMPTLY, USING THIS FORM, TO REFLECT ANY CHANGES IN THE INFORMATION SUBMITTED. NOTE: ANY IMMIGRATION ASSISTANCE PROVIDER MUST PROVIDE IN WRITING IMMEDIATELY TO THE SECRETARY OF STATE IF: 1) HE OR SHE HAS BEEN MADE OR IS THE SUBJECT OF ANY DISCIPLINARY, ADMINISTRATIVE, CIVIL OR CRIMINAL ACTION; AND 2) HE OR SHE HAS BEEN SERVED IN ANY CIVIL COMPLAINT OR ARBITRATION FILED ALLEGING FRAUD OR ANY VIOLATION OF ANY LOCAL, STATE, OR FEDERAL LAW. FURTHER, ANY IMMIGRATION ASSISTANCE PROVIDER MUST NOTIFY THE SECRETARY OF STATE WITHIN TEN (10) DAYS OF ANY FELONY CONVICTION.

1. Please check appropriate box: Individual Partnership Limited Liability Co. Corporation

(a) Full Name of Applicant: _____

(b) Address: _____
(Address)

(City) (State) (Zip) (Telephone No.)

(c) If applicant is a partnership or limited liability company attach sheet with the name and residence address of each member

(d) If applicant is a corporation, attach a sheet with the name and address of each of its principal officers

2. Address of Each Place of Business: _____
(Address)

(City) (State) (Zip) (Telephone No.)

All questions must be answered for all individual applicants, partners or principal officers of the applicant. All No answers to questions 3 and 4 must be explained.

3. Is the individual applicant 18 years of age or older? Yes No
If applicant is a partnership, limited liability company or corporation, are all partners or officers 18 years of age or older? Yes
No

4. Is the individual applicant a U.S. citizen? Yes No, If not, does the applicant hold a valid immigration status? Yes No
5. Has the applicant had any criminal convictions, other than traffic violations within 5 years preceding the date of the application?
6. Has the applicant ever been adjudicated within the last five (5) years to have willfully violated the laws of another state involving immigration assistance?
7. Has the applicant within the last ten (10) years been convicted of a felony or misdemeanor involving moral turpitude in the courts of Georgia or any other state, territory or country or in the courts of the U. S. which involves:
A. The taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any of the foregoing offenses;
B. The conduct of immigration assistance; or
C. Involves the theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds;

8. Has the applicant ever been the subject of an order of the Secretary of State that denied, suspended or revoked a license?
9. Within the last five (5) years has the applicant ever been the subject of any of the following orders?
 - A. An order by an agency or administrator of another state or a foreign country or the federal government?
 - B. A United States Postal Service fraud order?
 - C. A cease and desist order entered by the Secretary of State or other state or federal authority?
10. Is the applicant in default of a loan with the Georgia Higher Education Assistance Corporation?
11. Is the applicant in default of a federal education loan, loan repayment or service conditional scholarship program?

If the answer is "yes" to questions 5 through 11 or if such proceeding is pending in any state, attach all pertinent information with respect to such injunction, disciplinary proceeding, conviction or charges.

12. Will the applicant provide services which will require applicant to control the legal funds of the client seeking immigration assistance? ____ Yes, If yes, **attach a financial statement for the current fiscal year** ____ No

The following documents must be attached to this application:

- (1) Criminal background report for individual applicant; or
If applicant is limited liability company or partnership, a criminal background for all partners; or
If applicant is a corporation, a criminal background for all principal officers**
- 2. \$5,000.00 Performance Bond (Form IP200)**

IMMIGRATION ASSISTANCE PROVIDER CERTIFICATION

The undersigned applicant represents that the information and statements contained in this application, including the attached exhibits, are current, true and complete. The undersigned further represents that to the extent any information previously submitted is not amended, such information is currently accurate and complete. By signing this certification, the applicant certifies that he/she is at least 18 years of age and that willful misstatements or omissions of fact may result in administrative, civil or criminal action.

Print Name of Applicant

Signature of Applicant

Date

Sworn to and subscribed before me this _____

Day of _____, 20_____

Notary Public _____ My Commission Expires: _____